PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Reduction Act of	1995, no person are required to	respond to a collection of inforr	demark Office; U.S. DEPARTMENT OF COMMERCE mation unless it displays a valid OMB control number.		
Effective on 12/08/2004. ees pursuant (o the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
		Application Number	10/749,406-Conf. #2849		
FEE TRANSI	MITTAL	Filing Date	January 2, 2004		
For FY 20	ing.	First Named Inventor	Shuji ONO		
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	M. M. Rashidian		
		Art Unit	2609		
OTAL AMOUNT OF PAYMENT	(\$) 120.00	Attomory Dealest No.	3562-0134P		

TOTAL AMOUNT OF PAYMENT		\$) 120.00		Attorney Docket	No.	3562-0134P					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional factor as undergo marks of											
fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, A				NDOU FEEO							
	FILING	mall Entity	SEA	ARCH FEES Small Entity	EXAM	INATION FEES Small Entity					
	Fee (\$)	Fee (\$)	<u>Fee (\$</u>		<u>Fee (\$</u>		Fees F	Paid (\$)			
Utility	310	155	510	255	210	105					
Design	210	105	100	50	130	65					
Plant	210	105	310	155	160	80					
Reissue	310	155	510	255	620	310					
Provisional	210	105	0	0 ·	0	0					
2. EXCESS CLAIM FEES	•							Small Entity			
Fee Description Each claim over 20 (including	Reissues)	•					Fee (\$) 50	<u>Fee (\$)</u> 25			
Each independent claim over 3 (including Reissues)							210	105			
Multiple dependent claims							370	185			
Total Claims Extra Clai	ims Fe	e (\$)	Fee P	aid (\$)	<u>!</u>	Multiple Depende	nt Claims				
1120 =	×				<u> </u>	ee (\$) F	ee Paid (\$	<u>a</u> .			
HP = highest number of total claims	paid for, if gre	ater than 20.									
Indep. Claims Extra Clai		e (\$)	Fee P	aid (\$)							
2 -3= x =											
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Iotal Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
4. OTHER FEE(S)				,		,	Fees	Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00											
SUBMITTED BY #52,337											

Registration No. (Altorney/Agent) Signature (703) 205-8000 32,181 Telephone Marc S. Weiner Name (Print/Type

Birch, Stewart, Kolasch & Birch, LLP

MSW/CMV/ta